| PATENT APPLICATION FEE DEVERNINATION RECORD Substitute for Form PTO-875 Effective December 8, 2004   |   |                                  |  |  |                     |             |                   |                            | Application or Doctor Mumber 29/477.57 2 |                            |                            |
|--|---|----------------------------------|--|--|---------------------|-------------|-------------------|----------------------------|--|----------------------------|----------------------------|
| APPLICATION AS FILED - PART I<br>(Column 1) (Column 2)   |   |                                  |  |  |                     |             | SMALL ENTITY      |                            |  | OTHER THAN<br>SMALL ENTITY |                            |
|  | FOR   | NUM                              | NUMBER FILED   |  | NUMBER EXTRA        |             | RATE (8)          | FEE (S)                    |  | RATE (8)                   | FEE (8)                    |
|  | IC FEE<br>CFR 1 18(a), (b), ∞                                 | (c))                             | NA   |  | N/A                 |             | NA                | 150.00                     | ]  | . NA                       | 300.00                     |
|  | URCH FEE<br>CFR.1 18(N), (V), OF (                            | mξ)                              | NA   | ·  | . N/A               |             | N/A               | \$250                      |  | N/A                        | <b>\$500</b>               |
|  | UKINATION FEE   |                                  | NA   |  | N/A                 |             | -N/A              | \$100 .                    |  | N/A                        | 8200                       |
|  | TAL CLARAS<br>OFR I 16(1))                                    |                                  | minus  | 20 -                                       |                     | ×           | 3 <b>25</b> .     | ·                          | OR                                       | X350 .                     | ; (m)                      |
| IND  | EPENDENT CLA  | MAS                              | manus  | 3 - '                                      | • 5-                |             | 100               |                            |  | Х200 "                     | 400                        |
| APP  | LICATION SIZE   | sheets (<br>is \$250<br>addition | If the specification and drawings eighests of paper, the application sizes \$250 (\$125 for small entity) for eadditional 50 sheets or fraction the 35 U.S.C. 41(a)(1)(G) and 37 CFR |  |                     |             |                   |                            |  | :                          | (.                         |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))  |   |                                  |  |  |                     |             | 180=              |                            | •  | <b>+360</b> □              |                            |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |   |                                  |  |  |                     |             | TOTAL             |                            |  | TOTAL                      | 1300                       |
| APPLICATION AS AMENDED - PART II  9 9 0.5 (Column 1) (Column 2) (Column 3) SMALL ENTITY OR OTHER THAN SMALL ENTITY   |   |                                  |  |  |                     |             |                   |                            |  |                            |                            |
| ENTA   |   | CLAIMS REMAINING AFTER AMENDMENT |  | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR  | PRESENT<br>LY EXTRA | R           | ATE (\$)          | ADDI-<br>TIONAL<br>FEE (5) |  | RATE (5)                   | ADDI-<br>TIONAL<br>FEE (8) |
| ME   | Total (07 CFR 1.14(4)   | 21                               | Minus  | 21   | -                   | XS          | 25 .              |                            | OR ·                                     | X\$50 _                    |                            |
| AMENDM   | Independent<br>437 CFR 1.16(kg).                              | 7                                | Minus  | 4  | •                   | X           | 100 .             | •                          | OR                                       | )(200 <u> </u>             |                            |
| ¥.   | Application Size Fee (37 CFR 1.16(s))                         |                                  |  |  |                     |             |                   |                            |  |                            |                            |
|  | FIRST PRESENTATION OF MALTIPLE DEPENDENT CLAIM (37 CFR 1.160) |                                  |  |  |                     | <b> </b> +1 | 180=              |                            | OR                                       | +360=                      |                            |
|  | •   |                                  |  |  | ÷ .                 |             | TAL :<br>D'L FEE. |                            | OR                                       | TOTAL<br>ADO'L FEE         |                            |
| •  |   | (Column-1)                       | · ·  | (Column :                                  | 2) (Column 3)       | <u> </u>    |                   | ·                          |  | <u>.</u> :                 |                            |
| AMENDMENT B  |   | CLAIMS REMAINING AFTER AMENOMENT |  | HIGHEST<br>NUMBER<br>PREVIOUSL<br>PAID FOR | Y EXTRA             | R           | ATE (\$) :        | ADOI-<br>TIONAL<br>FEE (8) |  | RATE (\$)                  | ADDI-<br>TIONAL<br>FEE (8) |
|  | Total corons  |                                  | Minus  | ••   | . <u>7</u>          | X           | \$ 25 .           |                            | OR.                                      | X\$50 -                    |                            |
|  | Independent<br>(D7 CFR 1.180.D.                               | •                                | Minus  |  | •                   | X           | 100               |                            | OR                                       | X200 .                     |                            |
|  | Application Size Fee (37 CFR 1.16(s))                         |                                  |  |  |                     |             |                   |                            |  |                            |                            |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.180) |                                  |  |  |                     |             | 180=              |                            | OR                                       | +360 <del>=</del>          |                            |
| :  | •   |                                  |  |  |                     |             | TAL<br>D'L FEE    |                            | OR                                       | TOTAL<br>ADD'L FEE         |                            |
| of the entry in column 1 is less than the entry in column 2; write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20". |   |                                  |  |  |                     |             |                   |                            |  |                            |                            |

The "Highest Number Previously Paid For" (Total or Independent) is the highest numb

This collection of information is required by, 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, bracketing pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any commission the amount of time you require to complete this form entries registered by the burden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.